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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop RCE
Group Art Unit 3738
Examiner: Bruce E. Snow

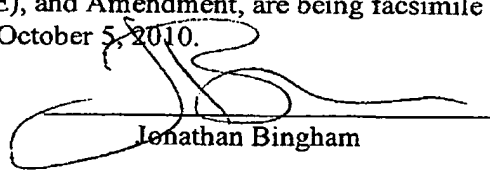
Firm: U.S. Patent and Trademark Office**Fax No.:** 571-273-8300

Subject: U.S. Patent Application No. 09/921,844
Gary K. Michelson
Filed: August 3, 2001
SPINAL IMPLANT SURFACE CONFIGURATION
Attorney Docket No. 101.0084-01000
Customer No. 22882
Confirmation No.: 8295

FROM:**Name:** Amedeo F. Ferraro, Esq.**Phone No.:** 310-286-9800**No. of Pages (including this):** 19**Date:** October 5, 2010**Confirmation Copy to Follow:** NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$1,920.00 total amount to cover the \$1,110 three-month extension fee and \$810.00 RCE fee is to be charged to Deposit Account No. 50-3726), Request for Continued Examination (RCE), and Amendment, are being facsimile transmitted to the U.S. Patent and Trademark Office on October 5, 2010.


Jonathan Bingham

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FORM PTO-1083

Attorney Docket No.: 101.0084-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Gary K. Michelson

Serial No: 09/921,844

Filed: August 3, 2001

For: SPINAL IMPLANT SURFACE
CONFIGURATION

Confirmation No.: 8295

Art Unit: 3738

Examiner: Bruce E. Snow

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Final Office Action dated April 5, 2010 and a Request for Continued Examination (RCE) in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	102	-	127	**	LG=\$52 SM=\$26	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	LG=\$220 SM=\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$1,920.00 to cover the \$1,110.00 three-month extension fee and \$810.00 RCE fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 5, 2010

By: 

Amedeo F. Ferraro

Registration No. 37,129

1557 Lake O'Pines Street, NE
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RCE Transmittal 10-5-10

FORM PTO-1083

Attorney Docket No.: 101.0084-01000
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Respectfully submitted,

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